

Supplement to Application for a Multifamily Housing Project

To Be Completed by Each Sponsor and by the General Contractor

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0029 (exp. 9/30/97)

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0029), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Do not send this form to the above address.

Privacy Act Statement. The U.S. Housing Act of 1937, as amended, authorizes HUD to collect this information. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect Social Security Numbers (SSN) or Employee Identification Numbers (EIN). Providing the SSN is mandatory for the sponsor, mortgagor, borrower and owner, and failure to provide it could result in disapproval of participation in this HUD program and/or delay action on the proposal. Submission of the SSN is voluntary for all other participants. The information is authorized by 24 CFR 207.17 and is being collected by HUD to facilitate the evaluation of multiple participation. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN or EIN. Failure to provide the information may result in HUD's denial of proposed management or fees or cancellation of management contracts for noncompliance with HUD procedures.

Project Name:	Project Number:	Applicant's Name:
Applicant's Address:		Telephone Number
Describe Your Affiliation with the Project:		

Credit References: Include all Bank, Finance, Trade and Supply Creditors. You may omit creditors with balances less than \$200.00

Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms
Firm Name	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms
Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms:
Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms:
Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms:
Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms:
Firm Name:	Address:		
Telephone Number:	Account Number:	Present Balance:	Terms:

Other References: ☐ Check here if other references are provided on a separate sheet.

- | | | | |
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| 1. Are you or have you been delinquent on any Federal debt?
If Yes, attach a letter from the affected agency that the debt is satisfied or under a workout agreement. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Have you ever claimed bankruptcy or made compromised settlements with creditors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you or have you been a defendant in any suit or legal action? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Are there judgments recorded against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | If the answer to any of questions 1 thru 4 is yes, mark this block and give the details on a separate sheet: | <input type="checkbox"/> |

Sponsor: I certify that the foregoing, submitted by me, for the purpose of obtaining mortgage insurance under the National Housing Act, or a Capital Advance under the Housing Act of 1959, as amended, or Section 811 of the National Affordable Housing Act of 1990, is true and correct to the best of my knowledge and belief.

Sponsor's Signature & Date:

X

Social Security Number (or EIN):

Contractor: I certify that the foregoing, submitted by me, is true and correct to the best of my knowledge and belief.

Contractor's Signature & Date:

X

Employee Identification Number:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)